STAFF by SHIFT COUNT

FACILITY NAME:	
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POSITION	DATE/SHIFT							
ADMINISTRATOR	DAY EVENING NIGHT							
DIRECTOR	DAY EVENING NIGHT							
OTHER MANAGEMENT PERSONNEL	DAY EVENING NIGHT							
SECRETARY/BOOKKEEPER/OTHER OFFICE PERSONNEL	DAY EVENING NIGHT							
REGISTERED NURSE(S)	DAY EVENING NIGHT							
LICENSED PRACTICAL NURSE(S)	DAY EVENING NIGHT							

POSITION	DATE/SHIFT							
MEDICATION STAFF	DAY EVENING NIGHT							
CERTIFIED NURSING ASSISTANTS	DAY EVENING NIGHT							
DIRECT CARE STAFF	DAY EVENING NIGHT							
ACTIVITIES DIRECTOR/ASSISTANT	DAY EVENING NIGHT							
SOCIAL WORKER	DAY EVENING NIGHT							
FOOD SERVICE PERSONNEL	DAY EVENING NIGHT							
HOUSEKEEPING STAFF	DAY EVENING NIGHT							

POSITION	DATE/SHIFT							
LAUNDRY STAFF	DAY EVENING NIGHT							
MAINTENANCE PERSONNEL	DAY EVENING NIGHT							
PHYSICAL THERAPIST/ASSISTANT	DAY EVENING NIGHT							
OCCUPATIONAL THERAPIST/ASSISTANT	DAY EVENING NIGHT							
SPEECH THERAPIST	DAY EVENING NIGHT							
OTHER (PLEASE SPECIFY)	DAY EVENING NIGHT							